

REQUEST FOR SIGN LANGUAGE INTERPRETER

Requestor Information	COMPLETED BY REQUESTOR			
	1. PERSON REQUESTING INTERPRETER FOR AN APPOINTMENT		2. DATE OF REQUEST	3. TELEPHONE NUMBER (INCLUDE AREA CODE)
	4. AGENCY <input type="checkbox"/> DSHS <input type="checkbox"/> Other (specify):		5. DSHS ADMINISTRATION/DIVISION OR SERVICE/MEDICAL PROVIDER	
	6. BILLING ADDRESS		7. INTERPRETER REFERRAL AGENCY	8. ORGANIZATIONAL UNIT
Appointment Information	1. APPOINTMENT BEGIN DATE		2. SCHEDULED START TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	APPOINTMENT END DATE		3. SCHEDULED END TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	4. APPOINTMENT ADDRESS		5. BUILDING FLOOR ROOM	
	6. APPOINTMENT CONTACT		7. CLIENT/EMPLOYEE NAME (OR DASA APPROVAL NUMBER)	
	CONTACT TELEPHONE NUMBER		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
	8. CLIENT IDENTIFICATION NUMBER		PIC CODE (ON DSHS MEDICAL IDENTIFICATION CARD)	
	OR			
	9. CLIENT COMMUNICATION PREFERENCE <input type="checkbox"/> American Sign Language <input type="checkbox"/> Pidgin Signed English <input type="checkbox"/> Signed Exact English <input type="checkbox"/> Oral <input type="checkbox"/> Tactile OR <input type="checkbox"/> Minimal Language Skills (QDI/CDI) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Close Up			
10. TYPE OF APPOINTMENT SETTING <input type="checkbox"/> Child/Adult Protective Services <input type="checkbox"/> Drug and Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/> Business <input type="checkbox"/> Legal/Court <input type="checkbox"/> Platform <input type="checkbox"/> Post-Secondary Education <input type="checkbox"/> Socio-Economic Benefits <input type="checkbox"/> Employment <input type="checkbox"/> Adult Education <input type="checkbox"/> K-12 Education <input type="checkbox"/> Administrative Hearing <input type="checkbox"/> Rehabilitation/Vocational <input type="checkbox"/> Medical <input type="checkbox"/> Performing Arts <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other (specify):				
11. Specific interpreter requested: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of interpreter requested:				
Confirmation Information	COMPLETED BY INTERPRETER REFERRAL AGENCY/CONTRACTOR			
	1. INTERPRETER NAME		TELEPHONE NUMBER	CERTIFICATION LEVEL
	2. APPOINTMENT <input type="checkbox"/> Filled <input type="checkbox"/> Unfilled	3. CONFIRMATION NOTIFIED TO REQUESTER WITHIN 48 HOURS? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. TRACKING NUMBER
Billing Information	COMPLETED BY INTERPRETER			
	1. ORIGIN ADDRESS OF PREVIOUS APPOINTMENT		2. DESTINATION ADDRESS OF NEXT/LAST APPOINTMENT	
	3. SERVICE		4. MILEAGE	5. TRAVEL TIME (MAA DOES NOT PAY FOR TRAVEL TIME)
	Start time:	Mileage to appointment:	Travel time to appointment:	
	End time:	Mileage from appointment:	Travel time from appointment:	
	Total billing time:	Total mileage:	Total travel time:	
6. Other fees incurred (parking, ferry, etc.):				
Verification Information	COMPLETED AT TIME OF APPOINTMENT BY INTERPRETER AND DSHS/PROVIDER STAFF			
	SERVICE:			
	1. Was this service completed? <input type="checkbox"/> Yes, complete VERIFICATION section below <input type="checkbox"/> No, check the correct reason why this service was not completed:			
	NO SHOW BY:		CANCELLATION BY:	
	<input type="checkbox"/> Client <input type="checkbox"/> DSHS/State Employee <input type="checkbox"/> Service/Medical Provider <input type="checkbox"/> Interpreter <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Client <input type="checkbox"/> DSHS/State Employee <input type="checkbox"/> Service/Medical Provider <input type="checkbox"/> Interpreter <input type="checkbox"/> Other (specify):	
	WAS CANCELLATION: <input type="checkbox"/> Made with more than 48 hours notice? <input type="checkbox"/> Made with less than 48 hours notice? Date/Time of cancellation notice: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
	VERIFICATION:			
	2. INTERPRETER'S SIGNATURE		DATE	
	DO NOT SIGN unless sections above are completed. Be sure to check for accuracy and for the interpreter's signature above. Interpreter signature not required if cancelled. Use the comments section as needed.			
	3. SIGNATURE OF STATE OR PROVIDER EMPLOYEE CONFIRMING SERVICE DELIVERY		DATE	
PRINT NAME HERE		TITLE/POSITION		
4. COMMENTS				

Instructions
Request for Sign Language Interpreter

Please Note: Some DSHS administrations may place restrictions on completion of sections of this form due to confidentiality requirements.

Requestor Information: Completed by Requestor

1. Enter the name of the person requesting an interpreter.
2. Enter the date the request for an interpreter is made.
3. Enter the telephone number of the person requesting an interpreter.
4. Select whether the appointment is being scheduled for DSHS or another agency. If it is for another agency, please specify.
5. Specify the DSHS Administration/Division or contracted provider requesting an interpreter.
6. Enter the billing address.
7. Enter the Interpreter Referral Agency contacted to schedule an interpreter.
8. Enter the Organizational Unit code for the requesting state agency.

Appointment Information: Completed by Requestor

1. Enter the begin date and the end date of the appointment.
2. Enter the time the appointment is scheduled to start (the time the interpreter is expected to begin interpreting).
3. Enter the time the appointment is expected to end.
4. Enter the address of the place of business/facility for the appointment.
5. Enter the building name, floor and/or room number of the appointment.
6. Enter the name and telephone number of the contact person for the appointment.
7. Enter the client/employee's name and gender. Confidentiality requires use of the DASA approval number.
8. Enter the Patient Identification Code (PIC) for medical appointments. Enter the client's last four numbers of their Social Security Number in the Client ID number section for Division of Disability Determination Services appointments. Enter the Client Identification number for all other clients. Be sure the number matches the one on the DSHS-issued card.
9. Select the client's/employee's communication preference. Be sure the interpreter requested is appropriate for the communication preference.
10. Select the setting best describing the type of appointment.
11. Select whether a specific interpreter is requested or not by the client/employee. Enter the name of the requested interpreter.

Confirmation Information: Completed by Interpreter Referral Agency/Contractor

1. The Interpreter Referral Agency assigns an interpreter and enters the name, telephone number and certification level.
2. Select whether the appointment was filled or unfilled with an assigned interpreter.
3. Select whether confirmation of the appointment was notified to the requester within 48 hours of the request.
4. Enter the interpreter referral agency/contractor tracking number.

Billing Information: Completed by Interpreter

1. Enter the address of interpreter's previous appointment.
2. Enter the address of the interpreter's next appointment.
3. Enter the actual start time, end time and total billing time of the appointment. Appointments lasting longer than the one-hour minimum, round up to the nearest one half hour.
- 4 or 5. Enter the mileage OR travel time to and from the appointment, including total mileage, and total travel time.
6. Enter other fees incurred by the interpreter for the appointment (parking, ferry, etc.).

Verification Information: Completed at Time of Appointment by Interpreter and DSHS/Provider Staff

1. Select whether the service was completed or not. If not, check the correct reason why the service was not completed.
2. The interpreter signs and dates this section. (If cancelled, the interpreter's signature is not required.)
3. The person who signs and dates here represents the requester and validates the interpreter service has been provided. The person should also print his/her name and indicate his/her title or position.
4. Add any relevant comments, especially for any section already completed that is not self-explanatory. This section may also be used to note any disagreement between the contractor or interpreter and the client, contact person, or requester to show satisfaction with the services received. If additional space is needed, attach additional sheets.